WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING WRITE PLANKY, WITH UNFADI

V. S. No. 1

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

of OCCUPA-

Exact statement

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 199557
1. PLACE OF DEATH	(92:00)
County Cecil	Registration Dist. No.
Village or City Morth East	NoSt., Ward
Length of residence in city or town where deeth occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?
2. FULL NAME William F. Bea	Man
(a) Residence; No.	St. Ward. north East Md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of Mary . E. Caldwell	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end year) Lept 2 1857	I lest saw h etive on truck 2 , 19.3 5; deeth is said
7. AGE Years Months Oeys If LESS than 1 dey,hrs.	to heve occurred on the dete stated above, et
8. Trede, profession, or perticuler	were es follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Linual Contractor	Chloric Valvular Very Lleger 140
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
SAW MtLL, BANK, etc	
this occupation (month and spent In this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
(State or country) North Cawling	Metroly Wille & Galile 6 tune
13. NAME Franklin Beatty 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme on operation Date of
(State or country) w imformation 15. MAIDEN NAME	What test confirmed diegnosis? Wes there en eutopsy?
E B. A. B.	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Leonge S. Davis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Umbler Ta	
Place Loudon Park Bally Date Mer 6 , 19 -30	Menner of injury
19. UNOERTAKER Joseph Of Grant (Address) houth Error Manualan	24. Wes diseese or injury In any wey related to occupation of deceased?
20. FILED 3-5-35, 19 Low, Queens	(Signed)
	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
CAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
UDDITIONAL	DI ZIUL	T. OIL	T. OTCTTTTT	DIVITINITIALD	1) 1	THEFT

Registrar.

(Address)

Intered address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:			Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSHAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 028	55
1. PLACE OF DEATH County Cecil	82:0	()
Village or City Cecitton		
Village or City Lection (1	No	umber)
Length of residence in city or town where death occurred yrs mo 2. FULL NAME Morey L. Brown -		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and the state of the stat	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	193 S T
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended of more on // 1935, to more on /4	deceased from
6. DATE OF BIRTH (month, day, and year) Do had heave 1.896		; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at	
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	Cerebral amorales of	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		orate
SAW MILL, BANK, etc		July 193
12. BIRTHPLACE (city or town) to not See our. (State or country)	Other Contributory Causes of importance:	
	Coleres Elevasos	
13. NAME Was not receiv.		
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an au	utoney?
IS. MAIDEN NAME SO POI LE ON.	23. If death was due to external causas (VIOLENCE) fill in also the following:	
15. MAIOEN NAME OF TOT LE GOV. 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT People orik cole on the live of	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Sceller amelia Date Mar. 16, 19(35)	Mannar of injury	
19. UNOERTAKER JOHNS PLASSINGS (Address) Called Sand	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Mch 15, 1935 Caroas Registrar.	(Signed) Cacheacue Goodsons. (Address) Cecitar Gra.,	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		HUECEINE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	MARYLAND—		
County Cerci		Registration Dist. No.)
Village or City Jory Mills	A (II	NoSt.,St., death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where deal	h occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsm	nosds.
(a) Residence: No. Joseph	(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTIC	V	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S Semale white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH March - 20 (Month) (Dey)	, 1935 . (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. Thet I ettended Warch 12 1935 to World 2	deceased from
6. DATE OF BIRTH (month, dey, end year)	19 1934.	1 74 71	S; death is said
7. AGE Years Months	Days if LESS than 1 dey,hrs.	to have occurred on the date stated ebove, et3m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	one	Triffe	3/8/3
9. Industry or business in which work was done, es SILK MILL.		A Dominion of the second	3/0
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	() www / numona	712/3.
12. BIRTHPLACE (city or town) 2014/16 (State or country)	a Clant	Other Contributory Causes of Importance:	
	Burlin,		
13. NAME 13. NAME 14. BIRTHPLAKE (city or town)	Wont wel.	Name of operation Date of Was there en	autoney?
I 15. MAIDEN NAME Florence	e & moore	23. If deeth was due to externel causes (VIOL ENCE) fill in elso the followin	
15. MAIOEN NAME + Corgania	onfreake City	Accident, suicide, or homicide? Date of injury	
2 (State of country) 17. INFORMANT June 3. (Address) Carthlefor	irling.	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
18. BURIAL, CREMATION, OR REMOVAL Place Laboury Cenu.	Dar March 22, 1935	Manner of injury	
19. UNDERTAKER Lee Ja. Jak (Address) Pernyur	terson,	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 3/2-2/ , 1935/ 1, 7.	Sandero Registrar.	(Signed) O. H. W. C.	W M.D

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\$40 PG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STAT	TEMENTS BY PHYSICIA	N
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Ø	O. Every item of infor-	SICIANS should state	atement of OCCUPA-	1
OR BINDING	S A PERMANENT RI	ated EXACTLY. PHYS	operly classified. Exact st	rtificate.
MARGIN RESERVED FOR BINDING	- TRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT RIL RD. Every item of infor-	ully supplied. AGE should be st	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	WRITE PL. LY, W	mation should be carefu	CAUSE OF DEATH in	TION is very important

V. S. No. 1

	state UPA-		CERTIFICATE OF DEATH 02857
1	1	1. PLACE OF DEATH	91-00
	should of OCC	Village or City Autaide & Rloing Jun	No. Registration Dist. No. 73
У		(If	death occurred in a horpital or institution, give its NAME instead of street and number)
	RD. Every YSICIANS statement	Length of residence in city or town where death occurred Solyrs, mos. 2. FULL NAME Lam A. Dennison	ds. How long In U.S. If of foreign birth?yrsmosds.
	SICI ater	(a) Residence: No. Reading & Con	St., Ward.
4	≥ > 02	(Usual place of abode)	If nonresident give city or town and State
4	RI. PH Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
でち		male white OR DI YORCED (write the word)	21. DATE OF DEATH March & 7 ,193 5 (Month) (Day) (Year)
AIC	AN V C ssife	5a. If married, w'dowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That 1 attended deceesed from
BIN	ERM EX / cla	6. DATE OF BIRTH (month, day, end year) 24, 1768	I lest saw house alive on accessor 2 , 1925; death is said
	A	7. AGE Years Months Days If LESS than f day,hrs.	to have occurred on the date stated above, atm.
FOR	IS A I stated properl		The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Ð	his be be of c	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Dusting at stated
RESERVED	ould may back	9. Industry or business in which work was done, as SILK MILL.	Openaum 3 mas resulves
EB	should it may n back	SAW MILL, BANK, etc	
SES	AGE that that ons o	this occupation (month and year) Jaco 1 1934 spant in this 27	
	NFADING plied. AG] rms, so tha instructions	12. BIRTHPLACE (city or town) Rising & an	Other Contributory Canoes of importance
IARGIN	ied.	(State or country) / Ind.	had bee affach of)
AR		13. NAME 14. BIRTHPLACE (city or town)	Lorotton
Z	F -= 70	(State or country)	Name of operation Date of
	it plant	# 15. MAIDEN NAME many of relson	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
	LY, WITH be carefully EATH in pla important.	66. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, f9
	d be cal	(State or country) Loncoster bo Pa	Where did injury occur? (Specify city or town, county and State)
	should I OF DE	17. INFORMANT Sul Dinnison (Address) Pusing Sun. Md,	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
/_		Place Fremont, Pa Date Pril 1, 1935	Manner of Injury
(1	CAUSI	Place H Memont , 1 av Date Mul. 1, 1933	Nature of Injury
17	TCB	19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
ž Š	m (T)	3-14 10-14	(Signed) A B Lieu M. D.
à'	77	20. FILED . 2900 Whiteligen Registrar.	(Address) Trang Just
0	mus-	1234 3 - 31 more blanks de mental, afteress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
	/	1/0	

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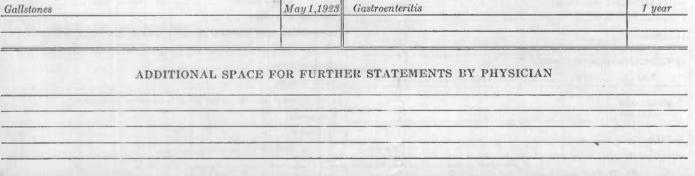
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCOPA-	back of certificate.
-WRITE PLAINLY, WITH UNFADING 1	mation should be carefully supplied. AGE	CAUSE OF DEATH in plain terms, so that	TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02	858
1. PLACE OF DEATH	(46-E)	
County Ceal	Registration Dist. No. 92	
Village or City Childs	NoSt.,	Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. If of foreign birth?yrsm	
2. FULL NAME Mrs. Exther heroil	0000	
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Mennal While Nearried	21. DATE OF DEATH March (Month) (Oay)	_, 198_3
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIRY. That I attended	deceased from
(or) WIFE of Oltomer Streebelbes	March 4 1935 to March	6 19 35
6. DATE OF BIRTH (month, day, and year) July 19 - 1918	I tast saw help aliva on March 5- 1935	; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at	
32 /3 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oata of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, Housewife		- Partra
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Shyrotoxicons	grap 1934
work was done, as SILK MILL,	<i>Q</i>	
1D. Oata deceased last worked at this occupation (month and spant in this year)		
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:	3/4/25
(State or country)	The second of the second	1-1-1-42
13. NAME PREAR Pollo		
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Lelinical Was there an	autopsy?. hu
15. MAIDEN NAME Julia Hammend	23. If death was due to external causes (VIDL ENCE) fill in also the followin	g:
15. MAIOEN NAME Sulia Hammed 16. BIRTHPLACE (city or town) January Land	Accident, suicide, or homicide? Oata of injury	, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and Sta	ie)
17. INFORMANT Charmer dereubelles (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Cherry Hell Conclusion Mary 10, 1935	Nature of injury	
19. UNDERTAKER Filazine (Utismastry. (Address)	24. Was disease or injury in any way ralated to occupation of deceased?	
20. FILEO Mar 9, 105 Januar Brage Registrar.	(Signed) Milhard H. Spresher (Address) Eo Noto, Mal,	M. 0.
If more blanks are needed, address Stale Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

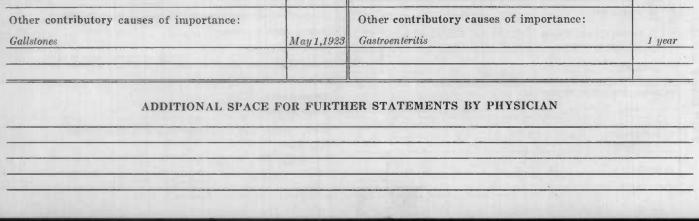
- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10 .- The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			30



STATE OF	MARYLAND—	CERTIFICATE OF DEATH	9
Caril		(133)	
Village or City Elkton	THE GRAPOLLY CONTRACT	Registration Dist. No.	
	(1)	death occurred in a horpital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where dael	th occurredyrs,mos	ds. How long In U.S. if of foraign birth?yrsmos	ds
2. FULL NAME Jane J.	auvier C	wing	
(a) Residence: No. Weaff	(Usual place of abode)	St., / Ward.	
PERSONAL AND STATISTIC		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	te
- 07W	SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	35
5a. If married, widowed, or divorced	vo carroca	(Month) (Oey)	(Yaar)
HUSBAND of Cor) WIFE of Harvey & En	ring	22. I HEREBY CERTIFY. That I attended dece	
C DATE OF DIPLOCATION AND A PARTY OF THE PAR	c/1860	January 15, 1935, to March 13	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 8 3 m.	eath is said
74 3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	7 (ware as follows:	ate of onset
kind of work done, as SPINNER,	Mone	Chronic Ulcerative Colitis /	926
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc.		(Du	
10. Oate deceased last worked at this occupation (month and	11. Total time (years) spent in this	Cystelia ad pyonephritia not due to cal	lessei.
year)	occupation	Other Contributory Canses of importanca:	
12. BIRTHPLACE (city or town)	ord	Other Continues Canes of Importance.	
(Stata or country)	t	anstites 1 proneplants 1	19281
13. NAME Colore Carpe	R-	0 0 0	
14. BIRTHPLACE (city or town)	land	Name of operation Oete of Oete of	
15. MAIDEN NAME Mangaret	newman.	What test confirmed diagnosis? Clinical Leaf Was there an autop	isy?
15. MAIDEN NAME War g and 16. BIRTHPLACE (city or town)	us arme Co	23. If deeth was due to axternal ceuses (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?	10
(Stata or country)	land	Where did Injury occur?	,
17. INFORMANT M & Living (Address) Teletral	22	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Date Wich 15- 1935	Manner of injury	
Calvert his	Date / 3 , 19 3)	Nature of injury	
19. UNDERTAKER SERVEN	2nd	24. Was disease or injury In any way related to occupation of decaasad?	
20. FILED / Leh 15 1995 & Fran	ull France	(Signed) Mildord H. Spreelier.	M. D
, 10	Registrar,	(Address) 70 Olotha mol	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 B. TION is very important. See instructions on back of certificate.

should state

D. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02860
1. PLACE OF DEATH	(48)
County Ceeil.	Registration Dist. Np.
Village or City Namuek.	No. St., Ward
2 mg (If	death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Lillian Gundly	1
(a) Residence: ND. Marwick, MA, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3a. If married, widowed, or divorced HUSBAND of Divorced Williams Gundy	21. DATE OF DEATH (Month) (Dey) (Year) 22. HEREBY CERTIFY: That I attended deceased from
(or) WIFE of all different William	Sept 10 ,1933, to Man 8 ,1935
6. DATE OF BIRTH (month, day, and year)	I lest sew here alive on 19.35; death is said
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Caremona of ulius 1933
work wes done, as SILK MILL,	
Do lD. Date deceased last worked at this occupation (month and year) spent in this occupation.	
12. BIRTHPLACE (city or town) (State or country)	Other Cautributory Causes of importance:
13. NAME Collect Relands 14. BIRTHPLACE (city or town)	
(State of Country)	Name of operation Date of What test confirmed diagnosis? Was there en au'opsy? Mu
15. MAIDEN NAME Grean Stures 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT abbet Rhado (Address) was will's	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dolla Creary Date Mary 12, 1935	Manner of injury
19. UNDERTAKER SCATAL Admin	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) A. R. Cruckley M. D.
20. FILED Meh 8 , 19 35 State ou all Registrar.	(Signed) M. J. M. D. M. D. (Address) Mullellatown of All

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02861
1. PLACE OF DEATH	948)
County Ceal	Registration Dist. No. 12
Village or City Elblish	No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME John . J. Hall	
(a) Residence: No. (Usual place of abode)	St., Ward. Elolog RD 25 Mg
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1806	3-10 ,1935 , to 20-1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
78 11 26 1day,hrs.	to have occurred on the date stated above, at
Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and the property of the p	Coronar Orchis
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
Shellf Ill fill?	
year) occupation	Dthar Contributory Causes of Importance:
12. BIRTHPLACE (city or town).	a f
OP COLORED TO COLORED	sur acure
14. BIRTHPLACE (city or town) 4 th Windrick Clair 6	mayoung
14. BIRTHPLACE (city or town) 4 Work Clark Country) Many Pountry	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Com Stille 16. BIRTHPLACE (city or town) 424 19-15 Cacis Co	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State of County)	Whera did injury occur? (Specify city or town, county and State)
17. INFDRMANT (Addrass)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Chary fill Date Mar 23, 1931	Natura of Injury
19. UNDERTAKER SUCH Straut (Addiass) North Cost Mo	24. Was disease or injury in any way related to occupation of dacaasad?
20. FILED Was N, 1935 J. Janel Frage. Registrar.	(Signad) M.D. (Addrass) M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of hotortance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
12			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

TION is very important. See instructions on back of certificate.

Action should be carefully supplied. AGE should be

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH 02862

1. PLACE	OF DEATH				93-0) 4
County	Cecil				Registration Dist. No. 97	2
Village or	City Elkt	on, R.	D.		No.	Ward
Length of r				_6.9_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and research death of the death occurred in a hospital or institution, give its NAME instead of street and research occurred in a hospital or institution, give its NAME instead of street and research occurred in a hospital or institution, give its NAME instead of street and research occurred in a hospital or institution, give its NAME instead of street and research occurred in a hospital or institution, give its NAME instead of street and research occurred in a hospital or institution, give its NAME instead of street and research occurred in a hospital or institution, give its NAME instead of street and research occurred in the death occurred in the d	number)
2. FULL N (a) Resid		on, Md		D.	St., Ward.	
PEDGO			(Usual place		If nonresident give city or town and	State
3. SEX	NAL AND STAT				MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RAC			RRIED, WIDOWED,	March 4th, 1935 (Month) (Day)	, 193 (Year)
5a. If married, wid HUSBAND of (or) WIFE of	owed, or divorced Mary Ellan	Hartn	ett		22. I HEREBY CERTIFY, That I attended of June 6th, 193319 to March 4th	deceased from
	H (month, day, and year)		16th,		last saw h im alive on March 2d, 1935	; death is said
	/ears	ns	Days 16	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 5 • 50 PaMe The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of seast
kind o SAWY	fession, or particular f work done, as SPINNE ER, BOOKKEEPER, etc	R. Farm	ing		General Arteriosclerosis	Dete of onset unknown
SAW N	r business in which was done, as SILK MILLI MILL, BANK, etc	ife				
this oc year)			spe	time (years) entin this upation		
12. BIRTHPLACE (State or co		land.			Other Contributory Cuuses of Importance: Chronic Myocarditis	1933.
I		rtnet				
(State	CE (city or town) or country)				Name of operation Date of	
15. MAIDEN	AAME Un	known.			23. If death was due to external causes (VIOLENCE) fill in also the following:	
	CE (city or town)or country)	known			Accident, suicide, or homicide? Date of Injury	
17. INFORMANT (Address)	Family Elkton,	Md.	R.D.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREM	ATION OR REMOVAL	he la	re ets	reh8 1930	Manner of injury	
19. UNDERTAKER (Address)	Horacuca.	Z	alex ten 1	mathy	24. Was disease or injury in any way related to occupation of deceased? NO	
20. FILED 776	12 7 1935	1 Tho	cast.	May y	(Signed) J. H. Maryl (Address) Blklop Maryl	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY	PHYSICIAN
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V. S. No. 1

N. B. WINTE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	medical should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CHOSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
of ir	ld s	CCI	1
tem	shou	0 J	1
ry i	NS	int c	
Eve	CIA	teme	
RD	HYS	sta	
SB	P	xact	
TI	LY.	-	
NE	CI	sified	
RMA	XA	class	
PE	e F	rly	cate,
IS A	state	rope	ertifi
HIS	pe s	pe I	of c
T	plnc	may	TION is very important. See instructions on back of certificate.
INK	She	t it 1	on b
NG	AGE	tha	ions
ADI	ed.	S, S0	truct
UNF	ippli	term	inst
LH	ly su	lain	See
WI	lufa	in p	ant.
LY,	e car	TH	port
L	q p	DE/	y im
PL	luon	OF	ver
TE	n s	SE	IS.
E	atio	F	ION
1	5	D	T
T. B	1	T	1
H	1	- 8	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02863
1. PLACE OF DEATH	(92-0)
County Gear	Registration Dist. No.
Village or City Whoelill W	\C\No. St., Ward f death\occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME ROSS & bevere I	rivin
(a) Residence: No. Theodose	/ , \$t., Ward.
(Usual place of abode)	O. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	1 HEREBY CERTIFY. That I attended deceased from
(or) HIFE of Lyclia Jum	Jan. / 1933 10 March 30 1935
6. DATE OF BIRTH (month, day, and year) Sold 22-1866	I lest saw harmalive on March 30 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 119 mm.
68 6 8 1 day,hrs.	were as followed to BEATH and related causes of importance
_ 1. 8. Trade, profession, or particular o o o	Elivorie Talinda Dato ofonest
kind of work done, as SPINNER, Pair Road Track Forse	you Theast Disease
Industry or business in which work was done, as SILK MILL, Rail Cool SAW MILL, BANK, etc.	
Date deceased last worked at	-
this occupation (month end 1934) spent in this 33	
N. a	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Mary and	Leveral atteroniate
	- Cuccas Cuminiai
7	
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CO Charles Tayle 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) S (State or country)	Accident, suicide, or homicide?
S.P. D. D. C.	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Could Gard Va	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place therenew Date of frul 3, 1935	Nature of injury
10 HADEDTAKED & PREMINER SU	24. Was disease or injury in any way related to occupation of deceased? NO
19. UNDERTAKER OUT III (Address)	If so, specify
1 000	(Signed) I Magraw M. D.
20. FILED UCh 50, 1935 Apaces Hogel	(Address) Persylvelle Md,
	, 2411 N. Charles Street, Ballimore, Requesting O. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Ti li	Example II	- 4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

should state

of OCCUPA

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 028	64
1. PLACE OF DEATH .	(108)	O T
County Ceal	Registration Dist. No. 92	
Village or City Churry Thele	NoSt.,	War
	If death occurred in a horpital or institution, give its NAME instead of street and name on the state of the	
2. FULL NAME Ronald James	10-10	
(a) Residence; No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male While 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	93. 5 (Year)
e. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	1 HEREBY CERTIFY, That I attended dec	eased fro
. DATE OF BIRTH (month, day, end year) Lec 21 1932	Hast saw him Calve on March 5 , 1925; d	leath is sa
AGE Years Months Deys If LESS than	to have occurred on the date stated above, etm.	
2 2 /3 1 day, hrs	ware as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ate of onse
SAWYER, BDDKKEEPER, etc	Kobon Ineumonia	,
9. Industry or business in which work was done, so SILK MILL, SAW MILL, BANK, etc	Right bower -	1/24
10. Date deceased last worked at this occupation (month and year) - ccupation	Wift Lower	728
Mary On al	Other Contributory Causes of importance:	
2. BIRTIPLACE (city or town) FUNDY STATE (City or town) (State or country)		
13. NAME Rallsh H Jones 14. BIRTHPLACE (city or town) Pennsaylvania		
14. BIRTHPLACE (city or town) Pennsaylvania	Name of operation Dete of	
(State of country)	What test confirmed diagnosis? Celinix of Was there en euto	psy?
15. MAIDEN NAME Helen Jamey. 16. BIRTHPLACE (city or town) Mary Land	23. If death was due to external causes (VIDLENCE) fill in elso the following:	
16. BIRTHPLACE (city or towa) Mary fand	Accident, sulcide, or homicide? Date of Injury	_, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
(Address) (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE	
8. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
Place hurry Hell Conshipping Mary 9, 19 33	Nature of injury	
9. UNDERTAKER Leborance & Abornalli	24. Was disease or injury in ony way related to occupation of deceased?	
(Address) Edglin	If so, specify	
May 9 25 / Am 1 6-2-	(Signed) THE MAAN TH. SHOPLE MAA	- M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. Y

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDGAD N. C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.

CALSH OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	-CFRTIFICA	TF OF	DEATH

02865

1. PLACE OF DEATH			108	
County Gecil			Registration Dist. No. 96	
		(If	ciling, Perry Point, Md. St., death occurred in a hospital or institution, give its NAME instead of street and 23 ds. How long in U.S. if of foreign birth? yrs	Ward number)
2. FULL NAME LONG,	Robert C-	-2 337 443		
(a) Residence: No. 86½ Penn	AVO., Wes	stminister,	MSt, Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR, OR RACE White	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended Qctober 25 19 31 to March 17	d deceased from
6. DATE OF BIRTH (month, day, end year)	November 2	24. 1893	I last saw h im elive on March 17 ,19 35	; death is said
7. AGE Years Months 41 3	Days 23	If LESS than I dey,hrs. ormin.	were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Stone		Pulmonary Abscess lower portion right upper and middle lobes	2-15-35
SAW MILL, BANK, etc	S D G	time (years) ent in this upation	Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town)	stministe:	r, Md.	Lobar Pneumonia middle lobe	2-15-35
13. NAME Luthe	r E. Long			
H 13. NAME I the	known		Name of operation None Date of What test confirmed diegnosis Tray, laborators where an	
	(?) Masco	t	What test confirmed diegnosis X-Tay, laborator Where an autopsy and physical findings 23. If death was due to external causes (VIOLENCE) fill in also the following the confirmed by the confirm	autopsyr_Y_BB
15. MAIDEN NAME Miss 16. BIRTHPLACE (city or town)	nknown		Accident, suicide, or homicide? NO Date of injury Where did injury occur?	, 19
17.INFORMANT Hospital (Address) Perry	records	d	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. Bumat, OREMATION, OR REMOVAL Place Westninister, A	d. Date Mar	ch 18 ,19 35	Manner of injury _ ===	
19. UNDERTAKER Penning ton 6- (Address) Have de hi	son,	· ,	24. Wes disease or injury in any way related to occupation of deceased?	No
20. FILED 3/18 , 193 J	I Has	Registrar.	(Signed) F. DAVIS, Clinical Direct	M.D.

If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	i

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. County. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foralgn birth?_____yrs.____mos. PHYSICIANS statement 2. FULL NAME (a) Residence: No (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the word) PERMANENT (Month) (Day) (Year) 5a. If married, widowed, or diverced HUSBAND OF RTIFY, That i attended deceased from (or) WIFE of V 73 certificate. 6. DATE OF BIRTH (month, day, and year) Months if LESS than properl 7. AGE Davs to have occurred on the date stated above, at ... 1 dayhrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: SI Date of onset 8. Trada, profession, or particular THIS OCCUBATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____ be jo back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may plnods 11. Total time (yaars) spent in this on 10. Date deceased last worked at this occupation (month and AGE that occupation .. yaar) instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or tow (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or tow Name of operation. plain (State or country) carefully What test confirmed diagnosis? Was thera an autopsy?______ OTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: u Accident, suicide, or homicide?______ Date of injury_______ 19. DEATH 16. BIRTHPLACE (city or town (State or couplry Where did injury occur?___ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, pluods 17. INFORMANT (Address) OF 18. BURIAL, CREMATION OR REMEDIAL WRITE Manner of injury SE afion Nature of injury LION CAU 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address If so, specify (Signed) 20, FILED. Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting Of S. No. 1.

BINDING

FOR

ARGIN RESERVED

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1	Example II	^
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
May 1,1923	Gastroenteritis	1 y
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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They Minne

A) OP	N. B. WITH PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	NS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
S	IT RE JRD. Eve	Y. PHYSICIA	. Exact stateme	
OR BINDING	S A PERMANEN	tated EXACTI	roperly classified	rtificate.
MARGIN RESERVED FOR BINDING	AG INK—THIS I	AGE should be st	that it may be p	TION is very important. See instructions on back of certificate.
MARGIN	WITH UNFADIN	fully supplied.	n plain terms, so	nt. See instruction
	TE PLANTY,	h should be care	SE OF DEATH is	is very importan
V. S. No. 1	N. B(wki	marin	T) CAUS	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02867
1. PLACE OF DEATH	107:0
County Ceculo	Registration Dist. No. 43
Village or City New Law Hul	No. St., Ward
Langth of residence in city of town where death occurred TV yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) . Z 6 ds. How long In U.S. if of foreign birth?
2. FULL NAME (Pals, MCCV	mmno.
(a) Residence: No. Elletin a D	EVI-Mord
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 (Month) (Oay) (Year)
5a. If matried, widowed, or divorced HUSBANO of	
(or) WIFE of	22. J HEREBY CERTIFY, That I attended deceased from 19.33
6. DATE OF BIRTH (month, day, and year) March 3rd 1935	I last saw harmalive on 3/2 F c 19.83; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 2.3.0 m.
α Φ ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Julierace
	(Branelto.
O 10. Date deceased last worked at 11. Total tima (years) 10. Date deceased last worked at 11. Total tima (years)	1) Mennica
Shell I II III I	Truncers.
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryland (State or country)	
13. NAME Paul & MC Commons	
14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MULCINED ME KOME	23. If daeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME MILDRED ME MOULE 16. BIRTHPLACE (city or town) Maryeaul	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Caul & M. Common (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Sharps Ceruetery Date you 1, 1935	Neture of Injury
19. UNOERTAKER Slauges to Charusty (Address)	24. Was disaasa or injury in any way ralated to occupation of deceased?
20. FILEDMICK 30, 1935 March Bound Registrar.	(Signad) (Addrass) (Survey Survey Survey)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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orincipal cause of death and related causes cortance were as follows: of epilepsy ver by street car nitis	1 week ago 1 week ago 3 days ago
ver by street car	1 week ago
rilis	3 days ago
contributory causes of importance:	
enteritis	1 year
	r contributory causes of importance:

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.-

STATE OF MARYLAND—CERTIFICATE OF D	IAIE OF	MARYLAI	NU-CER	IIFICALE	OF	DEATE
------------------------------------	---------	---------	--------	----------	----	-------

	1. PLACE OF DEATH County Cecil				Registration Dist. No. 9	2000	
Village	or City E		laryland.	(If	No. Liver Hospital St., death occurred in a horpital or institution give its NAME instead of street and 5 ds. How long In U.S. if of foreign birth? yrs.	Ward number)	
			ewitt Mac				
			. Main St (Usualplace		St., Ward. If nonresident give city or town an	d State	
			ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	d State	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Married.					21. DATE OF DEATH March 8th, 1935. (Month) (Oay)	, 193	
	idowed, or divorce		Mari	Ted.	(Month) (Oay)	(Year)	
HUSBAND (or) WIFE	of Mrs.	Dorothy	Mackey		22. I HEREBY CERTIFY. That I attendar Jan. 9th, 1935, 19 10 March 8th, 1		
6. DATE OF BIR	tTH (month, day,	and year) Feb	. 17th, 1	1888.	last saw h im aliva on March 8th, 1935 19	; death is said	
7. AGE	46 70 1 day,hrs.		to have occurred on the date stated above, at 3.50 Pm. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance				
_ Trada, p	rofession, or par	ticular		ormin.	wera asfollows: Tuberculosis of kidneys	Oate of onset un know	
Irada, profession, or particular kind of work done, as SPINNER, Lawyer SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oata deceased last worked at this occupation (mouth and yaar) 11. Total time (years) spant in this yaar) 1235.					with secondary involvement of bra (encephalitis); maning tubercu-	in 2 week	
					loure consepolalities Rug P		
12. BIRTHPLAC			unty, Md		Other Contributory Causes of importance:		
13. NAME		s Mackey					
13. NAME James Mackey, 14. BIRTHPLACE (city or town) Maryland, (State or country)					Name of operation None Oate of What test confirmed diagnosis? Was there an	Ma	
15. MAIOEN	NAME Deb	orah Mer	kes.				
16. BIRTHPI			il County	, Md.	23. If death was due to external causes (VtOL ENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT Mrs. A.D. Mackey. (Address) Extens med					Where did injury occur?(Specify city or town, county and Str Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	nte) LACE,	
18. BURIAL, CREMATION, OR REMOVAL Place Electron Country Date Mich 10, 1935					Manner of Injury		
19. UNOERTAKE	6 4 4 6	Pip	join d		24. Was diseasa or injury in any way related to occupation of deceased?		
20. FILED 11	av 9., 19	20 /	aus S	Bay & Registrar.	(Signed) Alban-Mark	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

, item of infor-	S should state	of OCCUPA-	1
WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\
PERMANENT	d EXACTLY	rly classified.	cate.
IS IS A	e state	e prope	f certifi
INK-THI	q pinous	it may b	on back o
UNFADING	upplied. AGE	terms, so that	TION is very important. See instructions on back of certificate.
Y, WITH	carefully su	(H in plain	ortant. See
ITE PLANT	on should be	SE OF DEA	I is very imp
1	matio	CAU	TION

STATE OF MARYLAND-CERTIFICATE OF DEATH 00000

County Village or City No. No. No. No. Old drash occurred in a borpital or institution, give in NAME inneed of attest and number) Length of residence in city or town where death occurred. J. yrs. D. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. No. No. No. Old drash occurred in a borpital or institution, give in NAME inneed of attest and number) ds. No. No. Old drash occurred in a borpital or institution, give in NAME inneed of attest and number) St. Ward If nonrecident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, NARRED, WHOWED, OR DIJONED townit, the west of the properties of	1. PLACE OF DEATH	(30)
Length of residence in city or town where death occurred. J. y. s	County Geal	Registration Dist. No. 92
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (c) Residence: No. (d) Residenc	Village or City Wear Junion	
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 2.SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (wire, the world) 5a. If married, widowed, or divorced (or) Wife of Williams (Williams) 5a. If married, widowed, or divorced (or) Wife of Williams (Williams) 5b. DATE OF BERTH (month, day, and year) 7b. Trada, profession, or particular 5c. DATE OF BERTH (month, day, and year) 7c. AGE 7c. Trada, profession, or particular 8c. Trada, profession, or particular 8c. Trada, profession, or particular 8c. Navere, Bookkeeper, etc. 9c. July 100 11 Last saw h	Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
Representative city or town and State		llew
3. SEX 4. COLOR OR RACE OR DIDENCED Comicy the way(s) So. If married, widowed, or divorced ((0) WiFE of (Month) 5. If married, widowed, or divorced ((0) WiFE of (Month) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 day,	(a) Residence: No. (Usual place of abode)	
Sa. II married, vidowed, or divorced HUSAND of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 16. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 8. Trada, profassion, or particular kind of work done, as SPINNER, BALLAR STANLEY (College) 9. Illast saw h		march 9 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day	HUSBAND of A	h ta
T. AGE Years Months Deys IT LESS than 1 day,	6 DATE OF RIPTH (month day and year)	, 19 , 10 , 19
B. Trada, profassion, or particular kind of work done, as SPINNER, Blacks smaller with a construction of the control of the co	7. AGE Years Month's Deys If LESS than	
B. Trada, profassion, or particular kind of work done, as SPINNER, Blacks smaller with a construction of the control of the co	77 9 3 1day,hrs.	ware as follows:
Sindustry or business in which work was done as SILK MILL, SAW MILL, BANK, alc. Date deceased last worked at this occupation (month end yet) 11. Total tims (years) spent in this yet) Other Cogtributory Causes of importance: Characteristic Cognitive Cogtributory Causes of importance: Characteristic Cognitive Cogtributory Causes of importance: Characteristic Cognitive Cognities Cognitive Cognitive Cognitive Cognitive Cognitive Cognitive C	_ 1 8. Trada, profassion, or particular	Resultal apopleya Date of onest
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFDRMANT (Addrass) 18. BURIAL, CREMATIDN, DR REMOVAL Place Place (Address) 19. UNDERTAKER (Address) Was there an autopsy? 23. If death was due to external causes (VIDL ENCE) fill in also tha following: Accident, suicide, or homicide? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Neture of Injury 19. UNDERTAKER (Address) 18. Specify (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Injury) 24. Was diseasa or injury in any way related to occupetion of deceased? If so, specify (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Spec		Other Costributory Causes of importance: Chronic Interstitud naphrilis
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Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Place Place Manner of injury Neture of injury Neture of injury 19. UNDERTAKER Address (Address) 18. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Neture of injury 19. UNDERTAKER Address (Address) (Address) (Address) (Signed) (Signed) M. D M. D	(Stete or country)	What test confirmed diagnosis? Was there an au!opsy?
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17. INFORMANT Adolph A Miller Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Addrass) 18. BURIAL, CREMATION, DR REMOVAL Place Annual Computation Manner of injury 19. UNDERTAKER Adarese Eddinably (Address) 24. Was disease or injury in any way related to occupetion of deceased? (Address) 18. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER Adarese Eddinably (Address) (Address) (Specify city or town, county and State) Manner of injury Neture of injury (Specify city or town, county and State) Manner of injury (Specify city or town, county and State)	O 16. BIRTHPLACE (city or town)	
18. BURIAL, CREMATION, DR REMOVAL Place Consultance Mary 12, 1935 Neture of injury Neture of injury 19. UNDERTAKER Albrica E Character (Address) 19. UNDERTAKER Albrica E Character (Address) 19. UNDERTAKER Albrica E Character (Address) (Signed) (Signed) Manner of injury Neture of injury Neture of injury (Signed) M. D (Signed) M. D	17. INFORMANT adolph a Miller,	(Specify city or town, county and State)
19. UNDERTAKER Associate Elburnally 24. Was disease or injury in any way related to occupetion of deceased? (Address) 20. FILED May 12, 1925 Associated to occupetion of deceased? (Signed) M. D.	18. BURIAL, CREMATION, DR REMOVAL	
20. FILED Mar 12, 1925 January France (Signed) (Signed) M. D	19. UNDERTAKER Florence El aburnally	24. Was diseasa or injury in any way related to occupetion of deceased?
	20. FILED Mar 12 1935 January Proces	(Signed) Herbert Roles M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
THE CONTRACTOR OF STREET				

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	AN
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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Could	Registration Dist. No. 95
Village or City Liberty Grove	NoSt., W
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Georgiana Nichols N.	eamand
(a) Residence: No.	St. Ward Nowlandwille med
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
I divorced	March 17, 1935 (Month) (Day) (Yea
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yea
(or) WIFE of John Henry reamand	22. I HEREBY CERTIFY, That I attended deceased
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and yeer) no information 86	/ I last saw h alive on, 19; death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/2 p. m.
about 68 1 day,hrs	mare as follows.
8. Trade, profession, or particular	probably acute dilatation of heart Date of
kind of work done, es SPINNER, retired practical	
9. Industry or business in which work was done, as SILK MILL.	sudden death while in an
SAW MILL, BANK, etc.	- automobile on highway (no injuis
11. Total time (years) this occupation (month and 1928 spent in this	
year)	Other Contributory-Causes of Importance:
12. BIRTHPLACE (city or town) near attantic City	from history.
(State or country) n. g.	- probably chronic myocarditis Vyn.
13. NAME George Nichols	probably general arterioralisas ?
14. BIRTHPLACE (city or town)	Name of operation Date of
(orace of country)	Whet test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME Mary Blackman 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19_
(State or country) The Jersey	Where did injury occur?
ma Generia Consela	(Specify city or town, county and State)
17. INFORMANT Ms Georgiana Coopeland (Address) Rowlandsvelle md	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Harrisony Chapter Mar 2/ 1985	
18 4	Neture of injury
19. UNDERTAKER LO . Affin	24. Was disease or injury in any way releted to occupation of deceased?
(Address fising Sun Md.	If so, specify
20. FILED 31/9e 1935	(Signed) J. Mothey Trager Corone
Lower of Old Muglin Registrar.	(Address) - 6lkton hid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 Julyō,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RI	AINLE, WITH UNFADING	Every from of information should be carefully should state CAUSE CF DEATH in
V W No. 1	WRITE	N. BEvery Atom of in

PLACE OF DEATH	STATE OF MARYLAND
County Cleif.	CERTIFICATE OF DEATH
	Registration Dist. No. 92
Villago on City Elkton . (No.	61 14.0
Village or City Clklon . (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Lyclia C. Paxs	tion, give its NAME is - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale While Single, Walders. Single, MARRIED, Walders. Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH March 9. , 1925 (Month) (Day) (Year)
6 DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
Jan. 15 1848	1925 to march 9, 1925
(Month) (Day) (Year)	that I last saw har alive on March 9, 1924,
7 AGE [If LESS than	and that death occurred on the date stated above, at 1:00 A:m.
87 1 24 de la	The CAUSE OF DEATH * was as follows:
yrs. mos. ds. or min.?	acros Juples
(a) Trade, profession or Domestic.	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)ds.
9 BIRTHPLACE	Contributory Leva Carteris
(State or country) Kirkwood . Del.	Secondary (Duration) yrs
TO NAME OF	Mela Bal
FATHER Cutta 13. Ellisin	(Signed) M. D.
OF FATHER Z (State or country) Delaware	*State the Disease Causing Death, or, in deaths from
	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Murgaret Belville.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted,
THE ABOVE IS TRUE TO THE BEST OF MIT KNOWLEDGE	Former or
(Informant) Mrs Elise M. Coppage.	19 PLACE OF BURIAL OR REMOVAL OR DATE OF BURIAL
(Address) Elkton, mg.	St. Georges Ceny . St. Lorges March. 11, 1935
15 Filed Meh 16- 19235 J. Baun Gracer Registras	John a. Thingson. middletom Del.
If more banks are needed, address tate hegistran	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Fublic Health Association.)

laborer, fulness of various pursuits can be known. The quoscupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, capecially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement.

Never return "Laborer," "For man," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
> "E.haustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondar or intercurrent) affection need not be st-ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Com2," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY (name origin; "Cancer" is less definite; avoid "" "Weakness," etc., when a definite disease Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 Ŕ ż certificate.

of back

See instructions on

is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02872
1. PLACE OF DEATH	(23)
County Cecil	Registration Dist. No.
Village or City north East	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?
2. FULL NAME Leather Por	0
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
To OR DIVORCED (write the word)	march 2 (- 1935
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cory WIFE of Coward Cory	22. I HEREBY CERTIFY, That I attended deceased from
July 31 1000	I lest saw h. Am alive on 12 (5 - 193); death is said
5. DATE OF BIRTH (month, day, end yeer) 7. AGE Yaars Months Days If LESS than	
Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Date of onset
9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc	
Deter decaesed last worked at this occupation (month and spent In this	
12. BIRTHPLACE (city or town) & Clayton	Other Contributory Causes of Importence:
(State or country)	
13. NAME John & Shussford	
14. BIRTHPLACE (ofty or town) Joeunsend	Nama of operation Data of
(Stata or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Elyabel Ellingworth	23. If daath was dua to axternal causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Madeline & Brank (Address) 272 B January St Will III	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMDYAL	1 maintaine and a second secon
Place Townsend M. Elimetry No May 24, 19 35	Manner of Injury
19. UNDERTAKER Jough of Frank (Addrass)	24. Was disaase or injury in eny wey related to occupation of deceased?
20. FILED 3- 22- 1035 Lo W. Queens	(Signad) M.D. M. D.
Registrar,	(Address) / Sell R

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

ton Lucy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

D. Every item of infor-

should state of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH (1287)
1. PLACE OF DEATH	82-0
County	Registration Dist. No. 7.2
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
41.0 .000	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Eleva (V. Hass)	
(a) Residence: No. Arelevektown (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE Hemale White S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH Masch 18 ,1934 (Yeer)
5a. If married, widowed, or divorced HUSBANO of	22 I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Janus (U, Ross)	March 18 1935 to March 18 1935
6. DATE OF BIRTH (month, day, and year) 7/19/1858	Hast saw her alive on March 18, 1925; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
76 7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular	Oate of one of
8. Trede, profession, or particular kind of work done, as SPINNER, House Sawyer, BOOKKEEPER, etc. 9. Industry or business in which	Cerebra Hemorrhage 3hms.
Work was done as SILK MILL	1
SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town) Delaward	Other Contributory Causes of importance:
(State or country) 13. NAME William Evans	- Cesterio Scheroine -
13. NAME Millan Evans 14. BIRTHPLACE (city or town) Md.	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIOEN NAME CULKUOUS	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME CLARITY 16. BIRTHPLACE (city or town) Freland (State or country)	Accident, suicide, or homicide? Date of injury19
(State of county)	Where did injury occur?(Specify city or lown, county and State)
17. INFORMANT The Rose from And.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Salua Camaley Oate 3/2//, 1935	Nature of injury
19 UNDERTAKER John & Coffage	24. Was disease or injury in any way related to occupation of deceased?
(Address) Charleton and	If so, specify
20. FILEO MON 21, 1935 Doware	(Signed) Seul Jose M. O.
Registrar.	(Address) Lukku / Mit

CTATE OF MARY AND CERTIFICATE OF DEATH

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

classified.

certificate. properly

of

See instructions on back

very important.

OF DEATH in plain terms, so that it may

should be carefully supplied.

1. PLACE OF DEATH			(153)	12014
County Cecil			Registration Dist. No.	5
Village or City Childs			No. Cecil Country Home St.	Ward
			f death occurred in a horpital or institution, give its NAME instead of street s6ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Char	les Smither	rs.		
(a) Residence: No. Ch:	ilds, Mary		St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	н
3. SEX A. COLOR OR RACE Black		RIED, WIDOWED,	21. DATE OF DEATH March 16 (Month) (Day)	, 193 <u>5</u> (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		en factor li	22. I HEREBY CERTIFY, That I atter	nded deceased from
6. DATE OF BIRTH (month, day, and year)	Unknown.	1880	Nov, 10th, 1930, 19 to March 16	
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, et 3.00 A.M.	
Unknown 33		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	15.7
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	No		Chronic myocarditis	Date of onset unknown
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
10-Date deceased last worked et this occupation (month and year)	sper	ime (years) nt in this pation		
12. BIRTHPLACE (city or town) Hartger (State or country)	d County,	Md.	Other Centributory Causes of Importance: Elephantiasis	unknown
13. NAME Unknown				
14. BIRTHPLACE (city or town)				of
15. MAIDEN NAME Unknown			What test confirmed diagnosis? Was there 23. If death was due to external causes (VIOL ENCE) filt in also the folio	
16. BIRTHPLACE (city or town)	my	ralu	Accident, sulcide, or homicide? Date of injury	
17. INFORMANT Deceased • (Address)			Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Corrolly Hours Co	tells mede	16 ,1935	Manner of injury	
19. UNDERTAKER 74. W. P. (Address) Election	min		24. Was disease or injury to any way related to occupation of deceased If so, specify	no no
20. FILED 18 Km 18 1938	K, S. 9n	Registrar.	(Signed) Us It Morest	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 2 1935	1 5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	السيسال		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA-

X	infor-	state
X	tem of	plnous
	ord. Every in	HYSICIANS
, the	REC	ľ. P
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A	stated
Q.S	HIS	pe
RESERVI	IG INK-T	AGE should
MARGIN	UNFADIN	supplied. /
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V. S. No. 1	BWRATEL	mationsh
> N	ż	,

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02875
1. PLACE OF DEATH	940
County Cells	Registration Dist. No. 96
Village or City Classes	NoSt.,Ward
Length of residence in city or town where death occurred yes mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How fore in U.S. If of foreign birth?
2. FULL NAME Serif guin Traight	un o nomus
(a) Residence: No. Company (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR KACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed or divorced	21. DATE OF DEATH March (Day) (Year)
HUSBAND OF AUrinda Thomas	22. Jan I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year May 4, 18-5	Vast saw h Low alive on March 1 , 1985; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1012 m.
8 3 9 23 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SIIK MILL 3.	General atherona 1934
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Blifthellale (Stete or country)	Other Coutributory Causes of importance:
	Culpua Vicins 175
14. BIRTHPLACE (city or town) Sorth Storik, 971	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? ho
15. MAIDEN NAME AULY GOGAL 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
State or country) [State or country]	Accident, suicide, or homicide?
17. INFORMANT W. C. L. Loweys (Address) a fam, Mid,	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place LONG LANGE COMMON DE MAN 4 1935	Manner of injury
19. UNDERTAKER LEWY WILL, MAN.	24. Wes disease or injury In eny way related to occupation of deceased? ### If so, specify ### 1.50
20. FILED March 3 Jo35-Char W. morrison	(Signed) F. J. Magralle M. D. (Address) Cernyolle Med.
If more blanks are model address Seate Projection	N Challes Die D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
11. 4. 0.				

TION is very important. See instructions on back of certificate.

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STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	0287
				000

1. PLACE OF DEATH,	(11-6)
County Ceal	Registration Dist, No. 47 43
Village or City Near Fair Hois	No. St., Ward
Length of residence In city of town where death occurred 3.5. yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Salle Hodman	Wol-1.
	St., Ward ontside
(a) Residence; No. (Usual place of abode)	St., Ward. Graduate If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED (write the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John and Mefeat	22. I HEREBY CERTIFY, That I aftended deceased from 1935, to 3 7 7 1935
6. DATE OF BIRTH (month, day, and year) May 9 - 18	1 last saw harmalive on 1920; death is said
	SS than to have occurred on the date stated above, at
8. Irade, profession, or perticular	min. were es follows: Date of onset
SAWYER, BOOKKEEPER, etc. fouse with	e 11 ~ 0 1-
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Mastered Inflam
SAW MILL, BANK, etc	
this occupation (month and 3/7-1933 - spent in this year)	3-14
12. BIRTHPLACE (city or town) Vinginia (State or country)	Other Contributory Causes of importence:
	Imper 3-14
E	Name of operation
14. BIRTHPLACE (city or town) / (Stele or country)	Neme of operation Date of Whet test confirmed diegnosis?
15. MAIDEN NAME Lucy alexand	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Linglisia	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Almo Amos Wahach	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury 22
Place Color foll Conting Date Miles 21	Nature of injury.
19. UNDERTAKER Jefarme & aturnal	24. Was disease or injury in any way related to occupation of deceased? If so, specify T 3 4 4 7
20. FILED May 20, 1935 & James of	egistrar. (Address) M. D.
If more blanks are needed, address State	te Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	STAUE	run	PURIMEN	STATEMENTS	DI	IIII SICIAII

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PHYSICIANS should state

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AGE should be

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OF DEATH in plain terms, so that it may be

should be carefully supplied.

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Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Village or City Village or City Village or City Length of residence in city ar town where deeth, occurred Length of residence in city ar town where deeth, occurred Vis. Mos. Mos.
Village or City Mean Big CIM Cheath occurred in a horpital or institution, give its NAME instead of street and number? (a) Residence: No.
Length of residence In city at town where deeth occurred yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos ds. How long in U.S. If of foreign birth? yrs mos deep site in the principle of the decidence of a bode? PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE S. IK. MELLY A. COLOR OR RACE S. IK. MELLY
2. FULL NAME (a) Residence: No. (b) Class of abode PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. Internal, wildowed, or divorced (or) wife of (or) wif
(a) Residence: No. Clettomak R.D. St., Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR. DIVORCED (write the World) Se. Il married, widowed, or divorced HUSBAND of (or) WIFE of E. DATE OF BIRTH (month, dey, and yeer) Some Months Deys If LESS then I dey,hrs., ormin. S. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work wee done, as SIK MILL, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work wee done, as SIK MILL, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which socrupelion Other Coestributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) Other Coestributory Causes of importance: Sawyer, Sawyer, Bookkepper, etc. Sawyer, Socretary Causes of importance: Sawyer, Socretary Causes of importance: Sawyer, Sawyer, Socretary Causes of importance: Sawyer, Sawyer, Socretary Causes of importance: Sawyer, Socretary Causes of importance: Sawyer, Sawyer, Socretary Causes of importance: Sawyer, Sawyer, Socretary Causes of importance: Sawyer, Socretary Causes of importance: Sawyer, Sawyer, Socretary Causes of importance: Sawyer, Sawyer, Socretary Causes of importance: Sawyer, Socretary Causes of importance: Sawyer, Sawyer, Socretary Causes of importance: Sawyer, Sawye
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Se. If married, widowed, or divorced HUSBAND of (or) WIFE of (or) W
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Jensel Wildows and John Statistical Particulars 5. SINGLE, MARRIED, WIDUWED, OR DIVORCED Control the World 5. If married, widowed, or divorced HUSBARD of (Or) WIFE of 6. DATE OF BIRTH (month, dey, and yeer) Northber 25 18 48 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3. SEX 4. COLOR OR RACE OR DIVORCED Confer the World) 5e. If married, widowed, or divorced HUSBAND of (Oey) 6. DATE OF BIRTH (month, dey, and yeer) 6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months Deys If LESS then 1 dey, hrs. or min. 8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SIIK MILL, SAW MILL, BANN, etc. 9. Industry or business in which work was done, as SIIK MILL, SAW MILL, BANN, etc. 10. Oate deceased list worked et this occupation (month and year) Other Cestributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Calculate Country Name of operation. Dete of Name of operation. Dete of 21. DATE OF DEATH Macach 2 (Oey) (Month) (Month) (Oey) (Year) 1932 (Her RE BY C ER T I FY. Thet I attended deceased from 1933 to Million (Month) (Oey) (Year) 11. Total time (yeers) spent in this occupation of the country of the data of the country of the count
5e. If married, widowed, or divorced WISEAND of (or) WIFE of 6. DATE OF BIRTH (month, dey, and yeer) November 25 18 48 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wed done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked et this occupetion (month and year) 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. If married, widowed, or divorced (work) in the work widow or well as the widow on the determinant of the work widow, as SILK MILL, SAW MILL, BANK, etc. 15. BIRTHPLACE (city or town). 16. DATE OF BIRTH (month, dey, and yeer) November 25 18 48 16. LI BIRTHPLACE (city or town). 17. AGE 18. Trade, profession, or particular kind of work done, as SILK MILL, SAW MILL, BANK, etc. 18. I lest saw h.l. elive on Marcha 2 4 19.35; deeth is seld to heve occurred on the dete steted above, et. l.l. m. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows: 19. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked et this occupetion (month and year) 10. Other Contributery Causes of importance: 20. August of country) 21. BIRTHPLACE (city or town). 22. HE REBY CERT I Fly, Thet I strended deceased from Particular Accessed from Marcha 2 4 19.35; deeth is seld to heve occurred on the dete steted above, et. l.l. mm. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows: 24. Data of one of the country of the deet steted above, et. l.l. mm. 25. AGE 16. AGE 18. Trade, profession, or particular Accessed from Marcha 2 4 19.35; deeth is seld to heve occurred on the dete steted above, et. l.l. mm. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows: 26. DATE OF THE REBY CERT I FIX Accessed from Marcha 2 4 19.35; deeth is seld to heve occurred on the dete steted above, et. l.l. mm. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance wer
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O 16. BIRTHPLACE (city or town) / Charles Accident, suicide, or homicide? Dete of injury 19
- (State of country) / Where did injury occur?
17. INFORMANT Miss Clara Willis Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Eelder Pio ma
18. BURIAL, CREMATION, OR REMOVAL Manner of Injury
Place Kerrey Mell Mice Oate / Jarch 27, 19 2 5 Neture of injury
19. UNDERTAKER 24. Was disease or injury in any wey related to occupetion of deceased? 265
(Address) North East Muleud If so, specify
20. FILED. Mar 18 19 37 CS. Soaus (Signed) A. M. Morrison M. D.
Registrar. (Address) Elkston, Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MIREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

1. PLACE OF DEATH County Village or City Village or City Longth of residence in city cyclen where seed occurred. 2. FULL NAME. (a) Residence: No. (b) St. (b) St. (b) St. (b) St. (c) St. (b) St. (c)		STATE OF MARYLAND—	CERTIFICATE OF DEATH
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Village or City Length of residence in city or folin where start occurred 3 or	1	County - Cleel	Registration Dist. No. 96
Length of residence in city grafin where short occurred to the control of the con			ROUV, St., Ward
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX		(a) Residence: No Joseph Court	St. Ward.
21. DATE OF DEATH MUCh (Nach) (1935) 22. Martinet referred, or diverced (Nach Country) (Nach Co			If nonresident give city or town and State
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(or) WHE of A was a state of the state of th		5a. If married, widowed, or divorced	
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME **LAND **LOND **		II I3. NAME WINDOW	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, GREMATION, QR. REMOVAL (Address) 19. UNDERTAKER (Address) 20. FILED 21. INFORMANT (Address) 22. FILED 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 18. So, specify (Signed) (Signed) (Address) Manner of injury in any way related to occupation of deceased? (Address) (Signed) (Signed) (Address)	200	4. BIRTHPLACE (city or town) while the control of t	Name of operation
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Registrar. (Address))		W 8 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Othef contributory causes of importance:		
Gallstones	May 1,1923		1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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